

<b>POLICY AND PROCEDURE MANUAL BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES</b>		
<b>SUBJECT: Incident Reporting</b>		<b>CHAPTER:</b>
<b>SUBJECT NUMBER:</b>		<b>CHAPTER NUMBER:</b>
<b>APPLICATION:</b> <u>  X  </u> Field Service Offices <u>      </u> Ft. Wayne State Developmental Center <u>      </u> Muscatatuck State Developmental Center		
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## I. **POLICY/PURPOSE STATEMENT**

It is the policy of the Bureau of Developmental Disabilities Services to ensure the health and safety of all individuals with developmental disabilities receiving vocational/habilitation services, community based services or other types of residential services. Reportable incidents to the Bureau of Developmental Disabilities Services are any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual or death of an individual.

## II. **STANDARDS**

- A. Services and supports shall provide necessary safeguards to protect the health , safety and welfare of individuals.
- B. Anyone with knowledge of an issue or concern that effects the individual's potential health and safety may submit a BDDS Incident Report form.

## III. **DEFINITION**

- a) "Bureau of Developmental Disabilities Services" - The entity established in IC 12-11-1.1-1 to plan, coordinate, and administer the provision of individualized, integrated, community based services for individuals with a developmental disability and their families, within the limits of resources.
- b) "Bureau of Developmental Disabilities Services' Staff" – Any individual employed by the Bureau of Developmental Disabilities Services.
- c) "Bureau of Quality Improvement Services" – The entity within the Division of Disability, Aging and Rehabilitative Services responsible for the oversight of the quality improvement of services.
- d) "Targeted Case Manager" - The certified and approved individual chosen by the individual and/or family to coordinate the individual's services.
- e) "Community based services" - Services that simulate, to the extent feasible, patterns and conditions of everyday life that are as close as possible to normal as described in IC 12-11-1.1-1 (6) (e).
- f) "Day services" - Vocational, pre-vocational, employment, habilitation, and other services not provided in the individual's residence.

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- g) “Endangered adult” - Set forth in IC 12-10-3-2.
- h) “Incident” - An event or occurrence characterized by risk or uncertainty resulting in, or having the potential to result in, significant harm or injury to an individual or death of an individual.
- i) “Medicaid waiver” - A specific source of funding that supports an individual in the community.
- j) “Provider” - a person or entity chosen by the individual and authorized by the funding source that is paid to support an agreed upon service or services at a specified time and place.

#### IV. **REFERENCE**

Not applicable

#### V. **EXHIBITS**

Exhibit :    Directions for Web Based Incident Reporting Process

#### VI. **PROCEDURE**

##### **RESPONSIBLE STAFF/PERSON**

- A. Anyone with direct monitoring responsibilities including, but not limited to the following individuals:  
          Case Managers  
          BDDS Staff  
          Direct service providers  
          BQIS reviewers

##### **ACTIONS**

##### **Identification of a Reportable Incident**

1. As a result of any type of oversight or monitoring, an immediate determination is made as to whether there are any issues or concerns.
2. If no issues or concerns are identified, then the reviewer completes all required paperwork and documents the findings of the review in the individual’s record.
3. Any events or occurrences characterized by risk or uncertainly, resulting in or having the potential to result in significant harm or injury to an individual or death of an individual are to be reported using the BDDS Incident Report form
4. Within 24 hours all initial incident reports and follow up reports are sent to:
  - a) The BDDS District Office; and



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## ACTIONS

- the Director of the provider agency, and others as needed, in order to discuss the identified issue and to direct the provider to develop a plan to address the issue or concern within two days.
- 3) The party responsible for follow-up completes an on-site review within seven days to determine if the incident has been resolved.
- 4) If the incident is resolved and no further issues are identified, then the party responsible for follow-up completes the Follow-up BDDS Incident Report form and completes required documentation in the individual's case record.
- 5) All follow-up reports are sent in accordance with Identification of a Reportable Incident 4 and 5, above.
- 6) If the incident is not resolved within seven (7) days, then the party responsible for follow-up completes the needed follow-up report and continues to submit seven (7) day follow-up reports until the incident is resolved to the satisfaction of all parties.
- b) In the event that the individual can not continue to reside in the home:
  - 1) The party responsible for follow-up must contact APS/CPS.
  - 2) The party responsible for follow-up must notify, as applicable, the individual's family/guardian, their supervisor, the BDDS local office and the BDDS Central Office, in order to develop a plan to relocate the individual who can no longer reside in the residence or to find an alternative provider of services.
  - 3) BDDS will collaborate with BQIS in investigating situations in which the individual can not reside in the home.
  - 4) The Follow-up BDDS Incident Report form is completed and sent in accordance with Identification of a Reportable Incident 4 and 5 ,



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## **EXHIBIT 2**

### **INSTRUCTIONS FOR COMPLETION OF THE BDDS INCIDENT REPORT**

#### **PURPOSE**

To establish a mechanism for the reporting of any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual with a developmental disability or death of an individual.

#### **FORMS**

##### **INCIDENT REPORT**

This form is used to report any reportable incident. The narrative information is used to describe the incident, condition or injury (who, what, where, how and when) and what was observed or heard. It is also used to describe actions taken after the incident occurred.

##### **FOLLOW-UP BDDS INCIDENT**

This form is used by the party responsible for follow-up to describe the investigation into the incident or other follow-up actions. It is also to describe the systemic actions being taken to assure health and safety issues.

#### **TIMELINES**

Incident Report forms are to be completed within 24 hours of the occurrence being identified. Follow-up reports are to be submitted within 7 days and 7 days thereafter until resolved.

#### **TRANSMITTAL**

All Incident Reports and Follow-up reports are to be sent via the Internet at [www.in.gov/fssa/bdds/incidents](http://www.in.gov/fssa/bdds/incidents). Incident Reports and Follow-up reports may also be e-mailed to [BDDSIincidentReports@fssa.state.in.us](mailto:BDDSIincidentReports@fssa.state.in.us).

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## **REPORTABLE INCIDENTS**

Reportable incidents are any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual or death of an individual. Incidents may include the following:

- 1) Incidents of suspected abuse or neglect of an adult or child who is residing in a community residential setting. **All incidents falling in this category must also be reported to Adult Protective Services or Child Protective Services.**
  - a) Physical, sexual, verbal or mental abuse
    - i) physical – includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain
    - ii) sexual - includes all allegations of rape, sexual misconduct, or sexual exploitation
    - iii) verbal – includes oral, written, and/or gestured language that includes disparaging and derogatory remarks to consumers
    - iv) mental - includes unreasonable confinement or intimidation
  - b) Neglect – includes failure to provide appropriate care, food, medical care or supervision
- 2) Exploitation. **All incidents falling in this category must also be reported to Adult Protective Services or Child Protective Services.**
  - a) Financial – any deliberate misplacement, exploitation, or wrongful temporary or permanent use of a individual's belongings or money.
  - b) Any other type of exploitation, including but not limited to sexual exploitation.
- 3) Death of an individual. **All deaths must also be reported to Adult Protective Services or Child Protective Services.**
- 4) A residence that compromises the health and safety of an individual due to a significant interruption of a major utility, such as electricity, heat, water, air conditioning, plumbing, fire alarm or sprinkler system.
- 5) Environmental/structural problems associated with a habitable residence that compromise the health and safety of an individual, including inappropriate sanitation, serious lack of cleanliness, rodents, structural damage, or damage caused by flooding, tornadoes or other acts of nature.
- 6) Residential fire resulting in relocation, personal injury, property loss or other issues.
- 7) Missing persons
- 8) Any suspected criminal activity by staff members or individuals, including but not limited to theft, illegal drug use, and arson.

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- 9) Any medical or psychiatric treatments/services (including emergency room visits) that resulted from events that had a potential for causing significant harm or injury or that require medical follow-up.
- 10) Admission to a nursing facility, including respite stays.
- 11) Injuries of unknown origin.
- 12) Significant injuries including but not limited to:
  - a) Injuries incurred while individual was restrained
  - b) Fractures
  - c) Burns greater than first degree
  - d) Choking
  - e) Large areas of contusions or lacerations
- 13) Medication errors. *Note: refusal to take medications does not constitute an error and does not require filing of an incident report but should be followed up by medical personnel and the interdisciplinary team to ensure that the health and safety of the individual is safeguarded. This information should also be documented in the individual's record.*
  - a) Wrong medication given that places an individual's health and safety in jeopardy as determined by the personal physician.
  - b) Wrong dose given that place the individual's health and safety in jeopardy as determined by the personal physician.
  - c) Missed medication that places the individual's health and safety in jeopardy as determined by the personal physician.
  - d) Medication given outside the prescribed administrative window that jeopardizes an individual's health and safety as determined by the personal physician.
- 14) Inadequate staff support **resulting in or having the potential to result in significant harm or injury to an individual or death of an individual.** This includes inadequate supervision by staff, even when staffing levels are appropriate.
- 15) Inadequate medical support, including but not limited to failure to obtain needed follow up medical appointments, failure to obtain routine or special dental or physician appointments, or failure to obtain medication refills in a timely manner.
- 16) Use of any PRN medication related to an individual's behavior.



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## INCIDENT REPORT

**NOTE – SECTIONS I – IV ARE TO BE COMPLETED BY THE REPORTING PERSON**

### Section I – Consumer Information (Subject #1)

This area provides information specific to the individual about which the reporter is concerned about or has an issue about the individual's care. This section can include multiple consumer names in the event that the related incident information is identical and entered into the internet reporting system.

<b>SSN</b>	Enter the Social Security number of the individual
<b>NAME</b>	Enter the last and first name of the individual
<b>ADDRESS</b>	Enter the address, city, state and zip code where the individual resides
<b>DOB</b>	Enter the date of birth of the individual
<b>COUNTY</b>	Enter the name of the county in which the individual resides
<b>GENDER</b>	Indicate (check the appropriate box) whether the individual is a male or female
<b>SERVICE TYPE</b>	Indicate the type of services that the person is receiving: <ul style="list-style-type: none"> <li>• SGL</li> <li>• SL</li> <li>• HHA</li> <li>• HHC</li> <li>• HAB./VOC</li> <li>• LP-ICF/MR</li> <li>• DD Waiver</li> <li>• A&amp;D Waiver</li> <li>• Autism Waiver</li> <li>• Other Waiver</li> <li>• Nursing Home</li> <li>• Case Mgmt</li> <li>• School</li> <li>• SDC</li> <li>• Supervised Group Living</li> <li>• Supported Living</li> <li>• Householder for Adults</li> <li>• Householder for Children</li> <li>• Habilitation or Vocational Services</li> <li>• Large Private Intermediate Care Facility for the Mentally Retarded</li> <li>• Developmental Disabled Waiver</li> <li>• Aged and Disabled Waiver</li> <li>• Autism Waiver</li> <li>• Any other type of waiver under which the individual may receive services</li> <li>• Nursing Home</li> <li>• Case Management Services</li> <li>• Education program</li> <li>• State Developmental Center</li> </ul>

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## Section II - Associated Person (Subject #2)

This area provides information specific to the person who may have abused, neglected or exploited the person identified in the Section I, above. This section can include multiple entrees and multiple relationships when sending via the internet.

<b>SSN</b>	Enter the Social Security number of the person ( <i>optional</i> )
<b>NAME</b>	Enter the last and first name of the person
<b>ADDRESS</b>	Enter the address, city, state and zip code where the person resides
<b>DOB</b>	Enter the date of birth of the person
<b>EMPLOYER</b>	Enter the name of the person's employer
<b>GENDER</b>	Indicate (check the appropriate box) whether the person is a male or female
<b>RELATIONSHIP TO SUBJECT</b>	Indicate the type of relationship that the person has with the individual identified in the Section I, above <ul style="list-style-type: none"> <li>• Acquaintance</li> <li>• Client, other</li> <li>• Co-worker</li> <li>• Employer</li> <li>• Family-Guardian</li> <li>• Housemate</li> <li>• Staff, Hab./Voc.</li> <li>• Staff, residential</li> <li>• Stranger</li> <li>• Other</li> </ul>

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### Section III - Reporting Person –Reporting Agency

This section identifies the person who is reporting the incident and the agency for which the person works, as applicable.

<b>NAME</b>	Enter the last and first name of the person
<b>POSITION</b>	Indicate the position of the person completing the form e.g. case manager, Service Coordinator, direct care staff, Residential Director, etc.
<b>PHONE NUMBER</b>	Enter the phone number and extension of the person completing the form.
<b>DATE OF REPORT</b>	Enter the date that the report is being made.
<b>REPORTING AGENCY</b>	Identify the agency employing the person completing the form has, as applicable. If the person is self-employed, enter “self”.
<b>E-MAIL</b>	Enter the e-mail address of the person completing the form.
<b>INDIVIDUAL SUPERVISING AT TIME</b>	Enter the name of the individual who was responsible for supervision at the time of the incident.
<b>RESPONSIBLE SUP. PROVIDER</b>	Enter the name of the provider who was responsible for supervision at the time of the incident.



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<b><i>INDICATES WHO COMPLETES THE FOLLOW-UP</i></b>	<ul style="list-style-type: none"> <li>• Enter whether 7-day follow up is needed.</li> <li>• Enter the party responsible to complete needed follow-up</li> <li>• If all action has been completed at the time of the initial incident report, enter the date that all action was completed.</li> </ul>
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Note: BDDS Central Office staff will complete the information at the bottom left-hand of the page, as indicated.

### **NARRATIVE FOR THE INCIDENT REPORT**

The narrative is completed by the reporting person and is to be a comprehensive explanation of the incident that occurred by identifying “who, what, where, when, why, and how” of the incident. It is also to describe the actions taken after the incident occurred. The date of the incident and the name of the affected individual are entered at the bottom of the page.

#### **Section V – Codes for Incident Reporting**

The BDDS Central Office staff completes this section.

#### **Section VI – Codes for Incident Reporting – Medical General Information**

The BDDS Central Office staff completes this section.

### **FOLLOW-UP BDDS INCIDENT REPORT FORM**

The party responsible for follow-up uses this form. The narrative follow-up information is to describe the investigation into the incident or other follow-up actions taken. It is also to describe the systemic actions being taken to assure health and safety issues.

A copy of this form is provided to the BDDS district and central offices and everyone who received a copy of the initial report.

This report is signed and indicates the reporting agency name, as applicable. The date of the initial Incident Report, the individual’s name and social security number are included in the areas indicated.

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Approved by

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Date Approved

Year	2002	2003	2004	2005	2006
Date Reviewed					
Reviewed By					